

City of Cudahy
Inspection Dept. 769-2211
Fax: 769-1293

APPLICATION FOR BUILDING PERMIT

BUILDING

Key # _____
Permit # _____
Date Issued _____

New Construction

- ☐ 1 Family Dwelling
☐ 2 Family Dwelling
☐ Apartment (3+)
☐ Condominium (3+)
☐ Commercial
☐ Industrial
☐ Tower/Antenna
☐ Footing/Foundation
☐ Other

Remodel/Repair Other

- ☐ Repair Foundation
☐ Res. Addition
☐ Res. Alteration
☐ Fire Damage Repair
☐ Razing
☐ Interior Demolition
☐ Tenant Finish
☐ Commercial Alt.
☐ Commercial Addn.
☐ Moving
☐ Other

Remarks:

Please Fill in all Spaces - Thank You!

PROJECT ADDRESS

Job Valuation: \$ _____

Occupant _____

Owner: _____

Owner's Address if different: _____

City, State, Zip: _____

Owner's Phone Home _____

Owner's Phone Work: _____

WI Contr. Certification # _____

Contractor/Applicant: _____

Contr./Appl's Address: _____

City, State, Zip: _____

Contr./Appl's Phone: _____

Architect's Name: _____

Architect's Phone: _____

Construction Type: _____

STATE KIND OF WORK TO BE PERFORMED

Applicant, please note:

The applicant agrees to comply with all applicable codes, statutes and ordinances of the City of Cudahy. The issuance of the permit creates no legal liability, express or implied, on the Department or municipality. All information provided above is accurate.

APPLICANT'S SIGNATURE

Date

Please Print Name _____

BUILDING PERMIT FEE CALCULATION

Plan Examination

\$ _____ @ _____ per Thou.

or _____ Sq.Ft. @ _____

Minimum Fee/Building

State Seal

Erosion Control

HVAC (New Homes)

Total

Reviewed by: _____

OCCUPANCY

Occ # _____

Permit Fee _____